Name in Full: Martha Ellen Dove

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Harmony — County: Calvert

Date of death 1904: Month: June — Day: 23 — Age: Years: 34 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Calvert Co

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: James Dove

Father's Name: Louis T Chaney — Father's Birthplace: Calvert Co

Mother's Maiden Name: Maria Stallings — Mother's Birthplace: Calvert Co

Name of person giving Imformation: Jas Dove — How related to deceased: Father in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Puerperal Convulsions — How long: 20 hours

Immediate: Coma — How long: 18 hours

PHYSICIAN OR CORONER

Are the neme, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Brayshaw

Address: Friendship Md

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Sarah A. Jenkins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Prentiss — County: Calvert

Date of death 1904	Month	Day	Years	Months	Days
	June	6th	Age 72	1	11

Sex: female — Color or Race: Colored — Birthplace: Calvert

Occupation: Home keeping — Where Residing if not at place of death: Mutual

Married, ~~Single~~ or Widowed — Name of Wife or ~~Husband~~

Father's Name: Major Butler — Father's Birthplace: Calvert

Mother's Maiden Name: Parcus Murry — Mother's Birthplace: Calvert

Name of person giving Information: Wm H Butler — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: pneum — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Reported by Bond

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: James William Hardesty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Prince Frederick; County: Calvert

Date of death 1904: Month: June; Day: 30

Age: Years: 66; Months: 5; Days: 24

Sex: Male

Color or Race: White

Birthplace: Huntingtown

Married, Single or Widowed: married

Occupation: Farmer

Name of Wife or Husband: Hannah

Father's Name: Joseph Hardesty

Father's Birthplace: County

Mother's Maiden Name: Pricilla Trout

Mother's Birthplace: County.

Name of person giving information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation — How long: 1 yr.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L. N. King M.D.

Address: Barstow Md

Accident or Suicide?

LIBRARY BUREAU A6851G

Name in Full: Anna Dawson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockville County: Calvert

Date of death: Month: June Day: 11 1904

Age: Years: 73 Months: Days:

Sex: dark Color or Race: Birthplace: Calvert

Occupation: home keeping Where Residing if not at place of death: from

Married, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband: J. B. Mason

Father's Name: Daniel Hyatt Father's Birthplace: Calvert

Mother's Maiden Name: Trinity Ross Mother's Birthplace: "

Name of person giving Information: J B Mason How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Boyd Bros

Address: Rockville Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Kenneth Vail

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Solomons — County: Calvert

Date of death 190 4 — Month: June — Day: 4 — Age: Years 11 — Months 6 — Days 7

Sex: Male — Color or Race: White — Birthplace: Calvert Co. Md

Married, Single or Widowed: — — Occupation: Schoolboy.

Name of Wife or Husband: —

Father's Name: Philip T. Vail — Father's Birthplace: E. Marion N.Y.

Mother's Maiden Name: Anna Moore — Mother's Birthplace: Cutchogue N.Y.

Name of person giving information: Philip T. Vail — How related to deceased: Father.

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Comminuted fracture of Skull — How long

Immediate: Shock & hemorrhage — How long 2 minutes

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. S. Marsh

Address: Solomons, Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A88510

Name in Full: Ann Rebecca Watts

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lusby — County: Calvert Co

Date of death 1904 — Month: June — Day: 13 — Age — Years: 15 — Months: 3 — Days: 4

Sex: Female — Color or Race: Colored — Birthplace: Calvert Co

Occupation — Where Residing if not at place of death: Lusby Calvert

Married, Single or ~~Widowed~~: Single — Name of Wife or Husband

Father's Name: Henry Watts — Father's Birthplace: Calvert Co

Mother's Maiden Name: Rebecca Banister — Mother's Birthplace: Calvert Co

Name of person giving Information: Henry Watts — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 10 months

Immediate — How long: 2 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas L. Tuck M.D.

Address: Cove Point Calvert Co Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88316